



Chelan-Douglas Health District  
200 Valley Mall Parkway  
East Wenatchee, WA 98802  
(509) 886-6450

## PERMIT APPLICATION FOR ON-SITE SEWAGE SYSTEM

- |  |       |
|--|-------|
| <input type="checkbox"/> Conventional Gravity            | _____ |
| <input type="checkbox"/> Pressure/Sand Trench            | _____ |
| <input type="checkbox"/> Mound/Sand Filter/ATU           | _____ |
| <input type="checkbox"/> Intermediate ( $\geq 1000$ gpd) | _____ |
| <input type="checkbox"/> Repair/Replacement              | _____ |
| <input type="checkbox"/> Other                           | _____ |
| <input type="checkbox"/> Water System Review             | _____ |
| <input type="checkbox"/> Site Evaluation Done? (date)    | _____ |

DATE: \_\_\_\_\_

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME AND MAILING ADDRESS OF APPLICANT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (Days): \_\_\_\_\_

NAME AND MAILING ADDRESS OF PERSON  
RESPONSIBLE FOR DESIGN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (Days): \_\_\_\_\_

IDENTIFICATION OF PROPERTY TO BE EVALUATED:

COUNTY: \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_

PARCEL SIZE: \_\_\_\_\_

LEGAL DESCRIPTION (Give subdivision, lot, block, or attach Metes and  
Bounds):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DRIVING DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF USE:

- ☐ Residential (single family).  
Number of Bedrooms: \_\_\_\_\_
- ☐ Commercial or Multi-family. Describe number of bedrooms,  
employees, units, shifts, type of business, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KNOWN ENCUMBRANCES.** Neighbor's wells, easements,  
covenants, flood zones, power lines (call PUD), irrigation lines,  
etc. Attach legal access documents for components not located  
on the lot where the sewage is generated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the property within the boundaries of a recognized public  
sewer utility? (If so, give name of utility)

☐ NO ☐ Yes \_\_\_\_\_

**DESIGN:** On the following two pages please provide a plan  
view and an elevation view drawing of your proposed septic  
system. Please include a copy of the Site Evaluation.

DRINKING WATER SUPPLY:

- ☐ Public. (more than two homes)

System name: \_\_\_\_\_

(Attach copy of *Water Supply Checklist*)

- ☐ Private. Please attach copy of private water system review.

**APPLICANT'S STATEMENT:** I will comply with the rules and regulations of  
the Chelan-Douglas Health District for on-site sewage systems in the  
installation and maintenance of this system. I understand that any alterations  
of the building size or location, or any filling or grading in or below the  
drainfield area may invalidate any approval granted for this application. In the  
event my permit is denied, I understand I have the option of appeal. I also  
understand that additional inspections will be required where any part of the  
installation is performed by someone other than a person licensed under the  
above regulation.

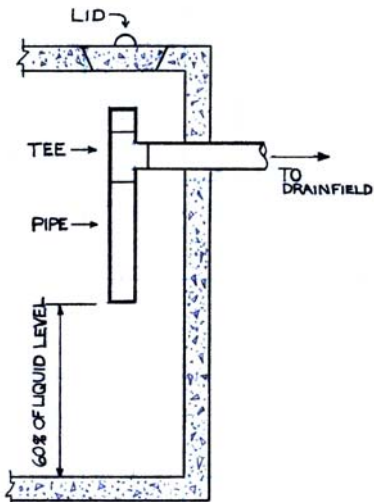
\_\_\_\_\_  
(Signature)

**DESIGN:** In the space above, and on the following page, please provide a plan view and an elevation view drawing of your proposed septic system, as described in the attached explanation sheet. Some typical details are given. Please add additional details as needed. If a more detailed plan is to be used, please identify that plan here, and attach this application to it. The plot plan must be drawn to a suitable scale, such as 1 inch = 30 ft. or 1 inch = 50 ft. The plan must be detailed and accurate enough so that additional instructions to your installer will not be needed. The following items must be shown on the plan:

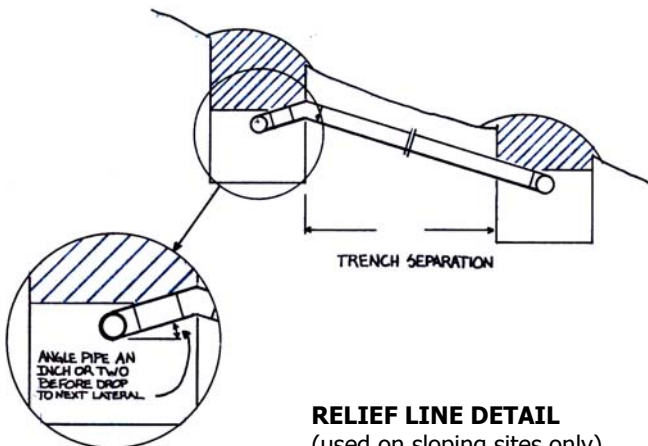
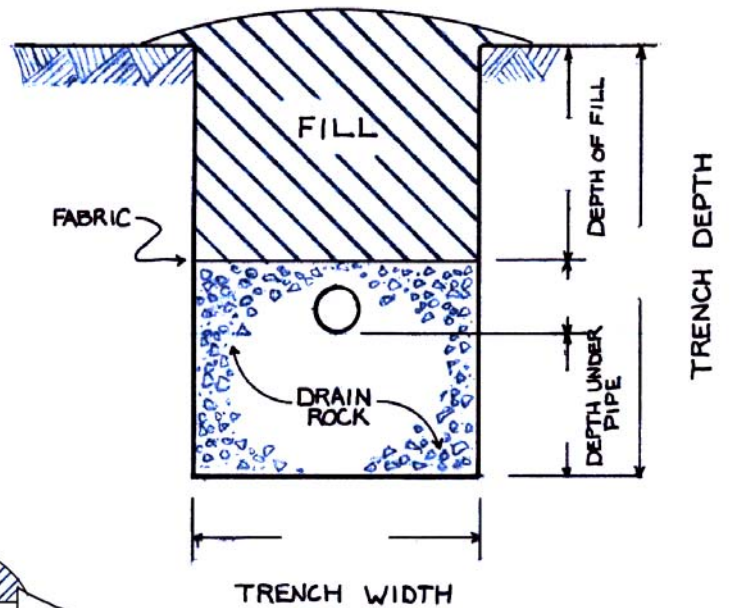
- |   |   |
|---|---|
| ----Property lines with dimensions.   | ----Septic tank and drain-field layout, including trench lengths. |
| ----Adjacent streets and roads  | ----An area for future drainfield replacement. (Reserve area)     |
| ----Buildings - existing and proposed   | ----Surface water, irrigation ditches, drainage ditches           |
| ----Driveways and parking areas   | ----Direction of slope  |
| ----Water lines and/or wells, including neighbor's wells and abandoned wells. | ----Easements   |
| ----Interceptor or curtain drains   | ----Cuts, banks, fills, irrigation ditches, rock outcrops         |
| ----Arrow indicating North  | ----Underground utilities   |

↑ VERTICAL CROSS-SECTION. SHOW EXISTING AND PROPOSED CUT, FILL AND OTHER SLOPES ↑

↓ PLEASE FILL OUT DETAILS BELOW: TRENCH DIMENSIONS AND SEPARATIONS, SEPTIC TANK VOLUME ↓



**SEPTIC TANK OUTLET DETAIL**



**RELIEF LINE DETAIL**  
(used on sloping sites only)

Maximum trench depth (uphill side): \_\_\_\_\_

Minimum trench depth (downhill side): \_\_\_\_\_

SEPTIC TANK VOLUME (gal): \_\_\_\_\_

# CHELAN-DOUGLAS HEALTH DISTRICT

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## INSTALLATION PERMIT FOR ON-SITE SEWAGE SYSTEM

This permit application is approved as per the requirements of WAC 246-272-09001. Installation shall conform to the approved design and to the requirements of the above regulation. The permit will be valid for two years from the date of issue and for the property referenced in the application.

**The installer must have a copy of the approved design in possession during installation.** The installer should call the Health District for inspection two working days **prior to beginning construction.**

The installer must submit to the Health District a complete and detailed "as-built" drawing of the installation to both the Health District and to the owner. The as-built must include a dimensioned reserve area, and include details of any changes from the approved design.

**DO NOT COVER  
WITHOUT INSPECTION**

**PROPERTY OWNER:**

\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit No. \_\_\_\_\_

By: \_\_\_\_\_

ADDITIONAL REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of issue

### **WAC 246-272-15501 Operation and Maintenance.**

- (1) The OSS owner is responsible for properly operating and maintaining the OSS, and shall:
- (a) Determine the level of solids and scum in the septic tank once every three years;
  - (b) Employ an approved pumper to remove the septage from the tank when the level of solids and scum indicates that removal is necessary;
  - (c) Protect the OSS area and the reserve area from:
    - (i) Cover by structures or impervious material;
    - (ii) Surface drainage;
    - (iii) Soil compaction, for example by vehicular traffic or livestock; and
    - (iv) Damage by soil removal and grade alteration;
  - (d) Keep the flow of sewage to the OSS at or below the approved design both in quantity and waste strength;
  - (e) Operate and maintain alternative systems as directed by the local health officer; and
  - (f) Direct drains, such as footing or roof drains away from the area where the OSS is located.